

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 5/22/02

Lsupp

1020905

1. NAME Tatman David M.
Last First MI
2. BUSINESS PHONE 225-767-7140
3. BUSINESS ADDRESS 10889 Perkins Road, Suite C, Baton Rouge, LA 70810
Street and No. City State Zip
- MAILING ADDRESS P.O. Box 82531, Baton Rouge, LA 70884
Street and No. City State Zip
4. EMPLOYER The Tatman Group
5. EMPLOYER'S ADDRESS _____
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Risk Management Services, LLC
Address 2351 Energy Drive, Ste 200, Baton Rouge, LA 70808
Business or purpose Third Party Administrator

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of May 15, 2002

SUPPLEMENTAL REGISTRATION FORM

306
Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____


☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist